

## Year 2001 Medicare Health Plans Available in Parts of Ohio

Some plans may be open to current members only. Please call 1-800-MEDICARE or the health plan to ask if the plan you are interested in is currently accepting new members.

### Ohio

Company Information	Plan Name	Plan Service Area	Monthly Premium*	Prescription Drug Coverage**
Family Health Plan (H3649) 1-419-251-7514 Approved by Medicare Managed Care Plan	SeniorSense Premier Basic (001)	Family Health Plan, Inc.	\$15	No
	SeniorSense Premier Standard (004)	Family Health Plan, Inc.	\$39	Yes
	SeniorSense Access Standard (005)	Family Health Plan, Inc.	\$65	Yes
	SeniorSense Premier Plus (009)	Family Health Plan, Inc.	\$99	Yes
	SeniorSense Access Plus (010)	Family Health Plan, Inc.	\$125	Yes

Call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired) or look on the Internet at [www.medicare.gov](http://www.medicare.gov) for more detailed information, including costs and benefits, about these health plans.

\* This is the amount you must pay each month to belong to the plan. You must continue to pay the monthly Part B premium (\$50.00 in 2001). Some companies may offer extra benefits for an additional cost. New Part B premium amounts will be available in January for the year 2002.

\*\* Some plans cover only certain drugs or pay up to a set dollar limit. Call the plan to get all the details of prescription drug coverage so you understand any conditions or limits.

### SECTION 3: MEDICARE HEALTH PLANS

#### Ohio

Company Information	Plan Name	Plan Service Area	Monthly Premium*	Prescription Drug Coverage**
Paramount Care, Inc. (H3653) 1-800-462-3589 Approved by Medicare Managed Care Plan	Standard Plan (004)	Lucas OH, Monroe MI and Wood OH counties	\$45	Yes
	Basic Plan (005)	Lucas OH, Monroe MI, and Wood OH counties	\$45	No
Community Insurance Company (H3655) 1-800-467-1199 Approved by Medicare Managed Care Plan <b>(continued on next page)</b>	Anthem Senior Advantage-Standard 700 (007)	Cnty: BRO, DAR, GRE, LOR, MAD, MIA, PRE, SHE, UNI	\$0	No
	Anthem Senior Advantage-Premier 800 (008)	Cnty: BRO, DAR, GRE, LOR, MAD, MIA, PRE, SHE, UNI	\$29	Yes
	Anthem Senior Advantage-Standard 500 (005)	Counties: BUT, CLE, COL, MED, POR, WAR	\$0	Yes
	Anthem Senior Advantage-Premier 600 (006)	Counties: BUT, CLE, COL, MED, POR, WAR	\$29	Yes
	Anthem Senior Advantage-Standard 100 (001)	Counties: CUY, GEA, HAM, LAK, MAH, SUM, TRU	\$0	Yes

### SECTION 3: MEDICARE HEALTH PLANS

#### Ohio

#### PLAN LISTING

Company Information	Plan Name	Plan Service Area	Monthly Premium*	Prescription Drug Coverage**
Community Insurance Company (H3655) 1-800-467-1199 Approved by Medicare Managed Care Plan <b>(continued)</b>	Anthem Senior Advantage-Premier 200 (002)	Counties: CUY, GEA, HAM, LAK, MAH, SUM, TRU	\$29	Yes
	Anthem Senior Advantage-Standard 300 (003)	Counties: FRA, MON	\$0	Yes
	Anthem Senior Advantage-Premier 400 (004)	Counties: FRA, MON	\$29	Yes
United Healthcare of Ohio, Inc. (H3659) 1-800-711-6080 Approved by Medicare Managed Care Plan <b>(continued on next page)</b>	United Healthcare Medicare Complete (001)	Butler County	\$0	No
	United Healthcare Medicare Complete (002)	Clark County	\$0	No
	United Healthcare Medicare Complete (005)	Clermont and Hamilton Counties	\$0	Yes

### SECTION 3: MEDICARE HEALTH PLANS

#### Ohio

Company Information	Plan Name	Plan Service Area	Monthly Premium*	Prescription Drug Coverage**
United Healthcare of Ohio, Inc. (H3659) 1-800-711-6080 Approved by Medicare Managed Care Plan <b>(continued)</b>	United Healthcare Medicare Complete (004)	Franklin and Madison Counties	\$0	Yes
	United Healthcare Medicare Complete (007)	Montgomery County	\$0	Yes
Mount Carmel Health Plan, Inc. (H3668) 1-800-964-4525 ext. 302 Approved by Medicare Managed Care Plan	MediGold (006)	Delaware, Fairfield, Licking, Pickaway counties	\$75	Yes
	MediGold (005)	Franklin, Madison, Union counties	\$54	Yes

### SECTION 3: MEDICARE HEALTH PLANS

#### Ohio

Company Information	Plan Name	Plan Service Area	Monthly Premium*	Prescription Drug Coverage**
Community Health of Ohio (H3676) 1-740-348-1402 Approved by Medicare Managed Care Plan	CHPO Seniors (008)	Licking	\$60	Yes
	CHPO Seniors (005)	Sandusky	\$85	Yes
Sterling Life Insurance Company (H5006) 1-888-858-8572 Approved by Medicare Private Fee-for-Service Plan	Sterling Option I (001)	Multi-State	\$65	No

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## Plan Quality

### What does quality mean?

Quality is how well the plan keeps its members healthy or treats them when they are sick. Good quality health care means doing the right thing at the right time, in the right way, for the right person--and getting the best possible results.

### What will I see on the following pages?

On the following pages, you will see information on two kinds of quality measures:

1. The percentage of plan members who rated their own care as the best possible care, and
2. The percentage of women who received a mammogram.

These two measures may not be the most important to you, but they show you the kind of information that is available. Medicare has information on more than 11 different quality measures. Other measures include care for people with diabetes, and overall plan satisfaction. See page 29 for how to order information on these quality measures.

### How is health care quality measured?

Medicare gets information from people like you in Medicare managed care plans about how satisfied they are with their plans. The survey used to collect this information is called the Medicare Satisfaction Survey, or the Medicare Consumer Assessment of Health Plans Survey (**CAHPS®**). We use an outside research company to do the survey and report the results back to you. We plan to have a satisfaction survey in the near future for people in the Original Medicare Plan.

#### From Managed Care reports:

Managed care plans keep track of some health care services they give you and report that care to Medicare. Medicare collects this information, sometimes called "performance measures," from the Health Plan Employer Data and Information Set (**HEDIS®**). We carefully check this information before you see it.

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## How is health care quality measured? (continued)

### From Doctor Bills:

Medicare collects similar health care services information in the Original Medicare Plan from bills that doctors send to Medicare.

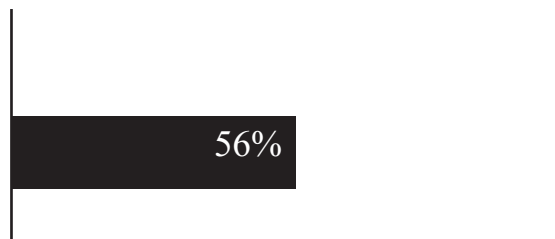
**Note:** As new health plans join Medicare, quality information will not be available right away. It will be added to these charts as soon as it is available.

## How to read quality information?

Quality information is usually shown in a bar graph. Bar graphs are pictures that show numbers or percentages. For example, if 56 percent of people with Medicare are female, that means that 56 out of every 100 people with Medicare are female. A bar graph showing that 56 percent of people with Medicare are female would look like this:

### Example of Bar Graph

#### Percentage of People with Medicare Who are Female



The information on the following pages about Medicare health plan quality is shown using bar graphs like the example above. The information on people with Medicare choosing to leave their plans is also shown using bar graphs.

## To Order More Quality Information:

Call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired), to ask for free information on quality measures other than the ones you see in this section. Or look at [www.medicare.gov](http://www.medicare.gov) on the Internet. Click on Medicare Health Plan Compare.



**What does this information mean?**

This is the percentage of Medicare managed care plan members who said they received the best possible care from their managed care plan.

A sample of Medicare managed care plan members (seniors and people with disabilities) answered questions in the 1999 Medicare Satisfaction Survey. One of these questions asked them to rate the care they received in the last 6 months from all doctors and providers in their own managed care plan, using any number on a scale from 0 (worst possible care) to 10 (best possible care).

**How do I read these graphs?**

First, find the page for your State or area.

- The bars on the graph show the percentage of plan members who said they received the best possible care from their managed care plan (a rating of 10).
- The first red bar on the graph shows the average for all managed care plans in your State that reported this data. The rest of the bars show the percentage for each plan. Find the percentage for the plan you are interested in and compare it to the state average.
- When you compare plans, look for large differences in the size of the bars. **Small differences between plans usually do not mean a lot.**
- Sometimes you will see more than one bar for the same managed care plan in your area. This is because the same plan may cover different areas, and quality measures may be collected for each different area. Look for the bar that covers the area where you live by finding the name of your managed care plan with your area in parentheses under it.
- For some plans, you will see a note on the graph instead of a bar. This note will explain that data is not available for this plan because: the plan is too new to be measured; the number of Medicare members was too small to report; or Medicare did not require the plan to report this information.

## Ohio Managed Care Plans

### The Percentage Who Rated Their Own Care as the Best Possible Care (a rating of 10)

Average for all Medicare managed care plans in Ohio

**55%**

#### Individual Plans

H3676	Community Health of Ohio	<b>54%</b>
H3655	Community Insurance Company (Cincinnati/Dayton)	<b>60%</b>
H3655	Community Insurance Company (Columbus)	<b>57%</b>
H3649	Family Health Plan	<b>54%</b>
H3668	Mount Carmel Health Plan, Inc.	<b>61%</b>
H3653	Paramount Care, Inc.	<b>54%</b>
H5006	Sterling Life Insurance Company	Not Available: This plan was too new to be measured.
H3659	United Healthcare of Ohio, Inc. (Cincinnati/Dayton)	<b>54%</b>
H3659	United Healthcare of Ohio, Inc. (Columbus)	<b>55%</b>

Source: 1999 Medicare satisfaction survey of people like you.

**What does this information mean?**

This is the percentage of women between the ages of 52 and 69 who got an x-ray to check for breast cancer (called a mammogram) in 1997 or 1998.

**Important Note:** Medicare covers one screening mammogram every 12 months for women with Medicare age 40 or older.

**Why is this information important?**

A mammogram is an x-ray of the breast that can help find breast cancer early, when the tumor is so small it cannot be felt. When breast cancer is found early, it is more likely to be treated successfully. There is less chance that the cancer will spread to other parts of the body.

**What does this information tell you about Medicare health plans?**

If the percentage of women receiving a mammogram is HIGH (closer to 100%), the health plan is doing a GOOD job of making sure its members are getting mammograms, which can help find cancer early, when it's easier to treat and cure.

Doctors play an important role in making sure that women get regular mammograms. So do the women themselves. Some health plans can make a difference by encouraging doctors to refer women for regular mammograms, and by sending reminders about why mammograms are important.

**How do I read these graphs?**

First, find the page for your State or area.

- The bars on this graph show the percentage of women between the ages of 52 and 69 who got a mammogram in 1997 or 1998.
- The first red bar on the graph shows the percentage for the Original Medicare Plan in your State. The second red bar shows the average for all managed care plans in your State. The rest of the bars show the percentage for each plan.

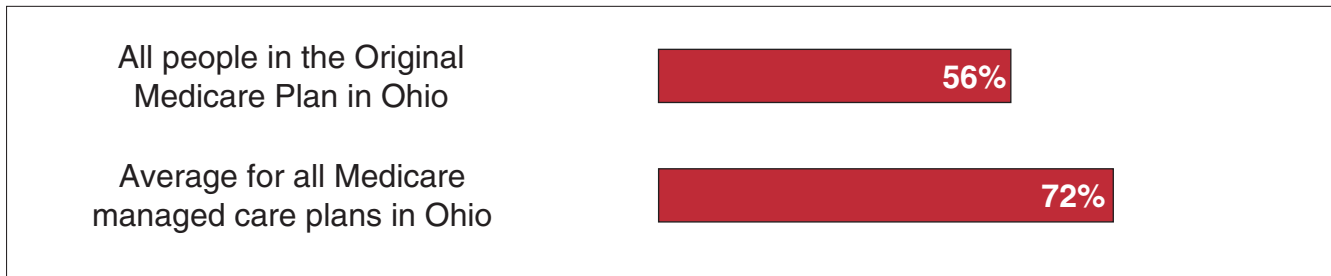
## How do I read these graphs? (continued)

Find the percentage for the plan you are interested in and compare it to the state average.

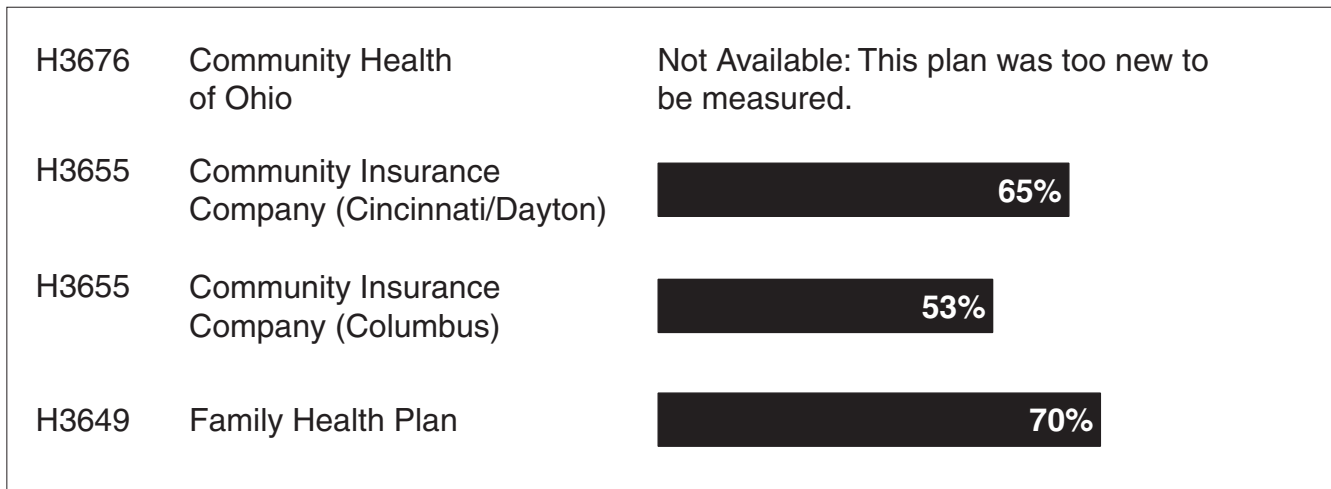
- When you compare plans, **look for a difference of 10 percentage points or more between plan ratings**. Small differences between plans usually do not mean a lot.
- Sometimes you will see more than one bar for the same managed care plan in your area. This is because the same plan may cover different areas, and quality measures may be collected for each different area. Look for the bar that covers the area where you live by finding the name of your managed care plan with your area in parentheses under it.
- For some plans, you will see a note on the graph instead of a bar. This note will explain that data is not available for this plan because: the plan is too new to be measured; the number of Medicare members was too small to report; Medicare did not require the plan to report this information; or Medicare determined that the percentage was not accurate.

## Ohio Health Plans

### The Percentage of Women Who Received a Mammogram



#### Individual Plans



Source: This information is from 1997 and 1998, and is about women with Medicare between the ages of 52 and 69. The Original Medicare Plan information comes from bills that doctors sent to Medicare. The rest of the information comes from Medicare health plans and is carefully checked for accuracy by Medicare.

## Ohio Health Plans

### The Percentage of Women Who Received a Mammogram

#### Individual Plans

H3668	Mount Carmel Health Plan, Inc.	Not Available: The number of Medicare members was too small to report this information.
H3653	Paramount Care, Inc.	72%
H5006	Sterling Life Insurance Company	Not Available: This plan was too new to be measured.
H3659	United Healthcare of Ohio, Inc. (Cincinnati/Dayton)	76%
H3659	United Healthcare of Ohio, Inc. (Columbus)	70%

Source: This information is from 1997 and 1998, and is about women with Medicare between the ages of 52 and 69. The Original Medicare Plan information comes from bills that doctors sent to Medicare. The rest of the information comes from Medicare health plans and is carefully checked for accuracy by Medicare.

## Plan Disenrollment

### Percentage of Members Who Disenrolled From (Chose to Leave) Medicare Managed Care Plans and the Percentage Who Stayed During 1999.

**What does this information mean?**

This is the percentage of people with Medicare who chose to leave their Medicare managed care plan and the percentage who stayed during 1999. The information was collected from Medicare managed care plans and does not include members who died, moved out of the area, were not eligible for managed care under Medicare, or whose plan decided not to serve people with Medicare in that area.

**Does this information tell me why people chose to leave their Medicare managed care plans?**

No. However, starting this year, Medicare will ask people who chose to leave a Medicare managed care plan the reasons why they left. **Starting in 2001, you will be able to find out why people chose to leave a Medicare managed care plan** by calling 1-800-MEDICARE (1-800-633-4227) or by looking at [www.medicare.gov](http://www.medicare.gov) on the Internet. Click on Medicare Health Plan Compare.

People with Medicare may choose to leave their managed care plan for many different reasons. A higher percentage of people leaving a plan does not by itself mean that there are problems with that plan.

**How do I read these graphs?**

First, find the page for your State or area.

- Each bar on the graph is divided into two parts. The first part of the bar shows the percentage of people with Medicare who were enrolled in a managed care plan in 1999 and chose to leave their plans. The second part of the bar shows the percentage of people with Medicare who were enrolled in a managed care plan and chose to stay in their plans.

## How do I read these graphs? (continued)

- The first red bar on the graph shows the average for all people with Medicare in your State who chose to leave their Medicare managed care plan and the percentage of those who stayed for the State or area. The rest of the bars show the percentage for each plan. Find the percentage for the plan you are interested in and compare it to the state average.
- When you compare plans, look for large differences in the size of the bars. **Small differences between plans usually do not mean a lot.**
- Sometimes you will see more than one bar for the same managed care plan in your area. This is because the same plan may cover different areas, and this information may be collected for each different area. Look for the bar that covers the area where you live by finding the name of your managed care plan with your area in parentheses under it.
- For some plans, you will see a note on the graph instead of a bar. This note explains that data are not available for this plan because the plan is too new to be measured; the number of Medicare members was too small to report; or Medicare did not require the plan to report this information.

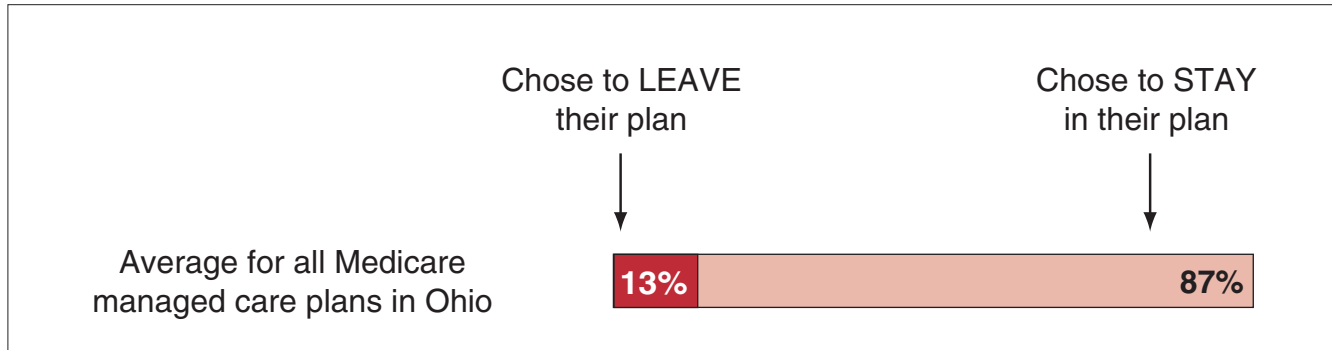
## For More Information:

You can call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired) or look on the Internet at [www.medicare.gov](http://www.medicare.gov) and click on Medicare Health Plan Compare to find out how many people with Medicare chose to leave their managed care plans and how many stayed during 1998.



## Ohio Managed Care Plans

### The Percentage of People With Medicare Who Disenrolled From (Chose to Leave) their Managed Care Plans and the Percentage Who Stayed During 1999



#### Individual Plans

H3676	Community Health of Ohio	10%	90%
H3655	Community Insurance Company (Cincinnati/Dayton)	14%	86%
H3649	Family Health Plan	4%	96%
H3668	Mount Carmel Health Plan, Inc.	8%	92%
H3653	Paramount Care, Inc.	8%	92%
H5006	Sterling Life Insurance Company	Not Available: This plan was too new to be measured.	
H3659	United Healthcare of Ohio, Inc. (Cincinnati/Dayton)	5%	95%
H3659	United Healthcare of Ohio, Inc. (Columbus)	24%	76%

Source: Medicare collected this information from Medicare managed care plans for 1999 from people like you. These numbers do not include people who died, moved out of the area, were not eligible for Medicare managed care plans, or whose plan decided not to serve people with Medicare in that area.

## Where to call for help with your Medicare questions

The next 7 pages have phone numbers you may call for help. If there is a special number for your state, it will be listed.

If you have questions about...	Call...
Changing your address, Medicare Part A or Part B, lost Medicare card, and Social Security benefits (see page 37).	Social Security Administration (SSA)
Medigap Policies, long-term care insurance, Medicare health plan choices, Medicare rights and protections, and help with filing an appeal (see page 42).	State Health Insurance Assistance Program
Part B bills and services, and fraud and abuse (see page 40).	Medicare Carrier
Part A bills and services, hospital care, skilled nursing care, and fraud and abuse (see page 39).	Fiscal Intermediary (FI)
General Medicare information, ordering Medicare booklets, and information about health plans (see page 37).	1-800-MEDICARE Helpline
Discrimination (see page 41).	Office for Civil Rights
Reporting fraud and abuse (see page 37).	Office of the Inspector General
Complaints about quality of care, and filing an appeal or complaint (see page 41).	Peer Review Organization (PRO)
Medigap policies available in your area, and insurance questions (see page 43).	State Insurance Department
Low-income programs to help pay medical bills (see page 43).	State Medical Assistance Office
RRB benefits, Medicare bills and coverage, lost Medicare card, Medicare premium amounts, enrolling in Medicare (see page 37).	Railroad Retirement Board (Railroad Retirement beneficiaries only)

If you are in a Medicare managed care plan or Private Fee-for-Service plan, you should call your plan with questions about bills, health services, and appeals.

**Note:** At the time of printing, telephone numbers listed were correct. Phone numbers sometimes change. To get the most up-to-date phone numbers, call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired) or go to the Internet at [www.medicare.gov](http://www.medicare.gov) and click on Helpful Contacts.

## SECTION 4: WHERE TO CALL FOR HELP

The telephone numbers on this page are the same for all states.

### 1-800-MEDICARE Helpline

Call about:

- Information about health plans
- Ordering Medicare booklets
- General Medicare information
- TTY/TDD and local phone numbers
- Information about health information fairs in your area

All States

1-800-MEDICARE

1-800-633-4227

TTY/TDD: 1-877-486-2048

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### Coordination of Benefits Contractor

Call about:

- Medicare Secondary Payer
- Questions about who pays first

All States

1-800-999-1118

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### Department of Health and Human Services

#### Office of the Inspector General

Call about:

- Reporting fraud and abuse in any federal health care program

All States

1-800-447-8477

TTY/TDD: 1-800-377-4950

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### Railroad Retirement Board

Call about:

- Signing up for Medicare Part A and Part B, lost RRB Medicare card, address change
- Part B bills and services (Palmetto GBA 1-800-833-4455)
- Part A bills and services (see Fiscal Intermediary on page 39)

(RRB Beneficiaries Only)

1-800-808-0772

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### Social Security Administration

Call about:

- Changing your address
- Lost Medicare card
- Signing up for Medicare Part A and Part B
- Medicare premium problems

All States

1-800-772-1213

TTY/TDD: 1-800-325-0778

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### Veterans Administration

Call about:

- Medical benefits

All States

1-800-827-1000

## SECTION 4: WHERE TO CALL FOR HELP

Durable Medical Equipment Regional Carrier

**Ohio**

1(800)270-2313

Call about:

- Bills for durable medical equipment, including diabetic supplies
- List of approved suppliers of this equipment

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End-Stage Renal Disease

**Ohio**

1(800)456-6919

Call about:

- End-Stage Renal Disease (ESRD)
- ESRD quality of care

Note: The network cannot give you information about Part A and Part B, or other health insurance information.



PHONE NUMBERS

## SECTION 4: WHERE TO CALL FOR HELP

### Fiscal Intermediaries

**Ohio**

1(877)602-2430

Call about:

- Part A bills and services
- Skilled nursing care and hospital services
- Fraud and abuse
- Calls may be referred to another company that covers your claim

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### Health Care Financing Administration

**Ohio**

1(312)353-7180

Call about:

- Local seminars and health fairs
- Reporting a complaint

## SECTION 4: WHERE TO CALL FOR HELP

Long-Term Care Ombudsman

**Ohio**

1(800)282-1206

Call about:

- Information about nursing homes
- Problems with nursing homes

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Medicare Carriers

**Ohio**

1(800)282-0530

Call about:

- Part B bills
- Part B services
- Fraud and abuse
- List of participating doctors and providers

**Note:** If you get benefits from the Railroad Retirement Board, call the RRB Carrier (Palmetto GBA at 1-800-833-4455).



PHONE NUMBERS

## SECTION 4: WHERE TO CALL FOR HELP

Office for Civil Rights

**Ohio**

1(800)368-1019

Call about:

- Discrimination

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Peer Review Organizations

**Ohio**

1(800)589-7337

Call about:

- Quality of care concerns
- Filing an appeal or complaint
- Questions about your rights as a hospital patient



PHONE NUMBERS

## SECTION 4: WHERE TO CALL FOR HELP

Regional Home Health Intermediaries

**Ohio**

1(800)583-2236

Call about:

- Home health care
- Hospice care
- Fraud and abuse



State Health Insurance Assistance Program

**Ohio**

1(800)686-1578

Call about:

- Buying a Medigap Policy
- Dealing with Medicare payment denials or appeals
- Medicare rights and protections
- Your care or treatment
- Choosing a Medicare health plan
- Medicare bills



PHONE NUMBERS



## SECTION 4: WHERE TO CALL FOR HELP

State Insurance Departments

**Ohio**

1(800)686-1578\*

Call about:

- Medigap policies sold in your area
- Insurance-related problems

\* in-state calls only

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State Medical Assistance Office

1(800)324-8680

Call about:

- Programs to help pay medical bills for people with low incomes
- Help with prescription drug coverage



PHONE NUMBERS

# NOTES

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